

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITIES SERVICES**

**INCLUSIVE COMMUNITY CHOICES COUNCIL-PARTICIPANTS**

**Meeting Minutes  
Tuesday, May 22, 2018**

**Attendees:** Deb Etheridge, Ulf Petersen, Jetta Whittaker, Caitlin Rogers, Rodney George, Jenny Murray, Kara Thrasher-Livingstone, Margaret Evans, Ric Nelson, Ken Helander, Travis Noah, Lisa Morley, Denise Daniello, Maureen Harwood

**I. Overview**

1. Information already summarized in the presentation discussed during the meeting is not repeated in the notes. The notes primarily capture the ICC-OS' feedback and input.
2. This meeting was facilitated with a PowerPoint presentation, and slides from this presentation are referenced throughout the minutes. The presentation can be found using the following link: <https://drive.google.com/file/d/1Svvt7pmQtv5wnr6PMI0TVD5zfsLm610y/view?usp=sharing>
3. Deb Etheridge began the meeting by taking roll and providing an overview of the agenda.

**II. Updates on the Individualized Supports Waiver (ISW)**

1. To initiate the discussion around ISW, Maureen Harwood provided an overview of Slide 3.
  - i. Maureen explained that SDS is in discussions with the Centers for Medicare & Medicaid Services (CMS) about the waiver application they have submitted. SDS has received several questions from CMS around cost neutrality, informing participants about the new waiver, and performance measures.
  - ii. Maureen said that the ICCs assisted SDS with developing the ISW service cost cap of \$17,500. When the cost of Care Coordination, which all waiver participants will receive, is included, the cap rises to \$19,285.
  - iii. Maureen explained that the ISW includes the following services: Respite/Day Habilitation; In-home supports for ages < 18; Supported living for ages > 18; Intensive Active Treatment for Adults; Chore Services; Non-Medical Transportation; and Supported employment (inc. pre-employment tasks).
  - iv. Maureen explained that SDS has been working with potential ISW participants to update their DRR and complete the LOC packets. SDS staff have met with individuals to confirm LOC, however they need to wait until the waiver is approved by CMS and the regulations are finalized before these participants are enrolled.

## May ICC-P Meeting Minutes

2. Maureen Harwood then further clarified the rollout of the ISW using Slide 4.
  - i. SDS has been working with providers and participants to enroll individuals currently on grant funds in the ISW, as grants will only be available through June 2018.
    - a. Maureen reported that some individuals receiving grant services have yet to take action to enroll in the ISW.
    - b. For individuals unable to find a Care Coordinator, SDS has allowed individuals to submit their LOC packets without a Care Coordinator.
  - ii. There is not currently a waitlist for ISW because all the 600 waiver slots have not been filled. Once these slots are filled, individuals will be placed on a waitlist for ISW and may also be on the IDD waiver waitlist concurrently.
    - a. Maureen Harwood explained that the number of individuals enrolled in the ISW will continue to be evaluated to determine if 600 slots is appropriate.
  - iii. Deb Etheridge explained that the regulations package, which includes CFC and ISW, is in second review with the Department of Law and will then go to the Lieutenant Governor.
  - iv. Maureen Harwood said that that SDS has been working to ensure that staff are prepared for the influx of participants to the ISW when the regulations are approved so that participants can seamlessly transition to ISW services.
  - v. Ken Helander asked if there was a plan for ensuring there are adequate funds for allowing individuals to enroll in the ISW.
    - a. Deb Etheridge said that the general fund authority was moved into the Medicaid budget, however it was not being used because the waiver was not in place. To ensure that the funding was sustained, SDS was able to transition the waiver authority back into administrative budget. If the bill does not go live before the grants expire on July 1, SDS can ask to again transfer the authority to the administrative budget to obtain those additional funds.
  - vi. Ken Helander asked whether there would be a disruption in services if the ISW is not implemented by July 1.
    - a. Lisa Morley said that because SDS is still under the enrollment cap, individuals who depend on services through grants will be able to access the ISW. To ensure that participants are receiving the most appropriate services, SDS has also been working with providers and participants to explore other waivers as an alternative to grant funds.
  - vii. Ric Nelson asked how much of the funding from the ISW will apply for Care Coordination.
    - a. Maureen said that Care Coordination will annually receive the \$1,785 for monthly Care Coordination and quarterly face to face meetings.

## May ICC-P Meeting Minutes

- viii. Ric Nelson asked what will happen to individuals who do not meet the ISW LOC but are currently on grants.
  - a. Lisa Morley explained that there will be “safety-net funds” available for individuals currently on grants who do not meet LOC. These funds are managed by Stone Soup Group and will be used to support individuals statewide. Individuals who do not qualify for waivers will be referred to Stone Soup, who will work with the individual to develop a new Plan of Care to support their needs. Lisa estimated that 25-40 individuals would need to use the funds.
  - b. Ric asked if the participant needed to be on Medicaid to get the funds.
    - 1. Lisa Morley said that participants would need to be on Medicaid to access these funds.
- ix. Ric said that this requirement is concerning because some individuals on grant funds will not be eligible, and they are the ones who need it most.
- x. Duane Mayes added that obtaining funds for individuals not on Medicaid who do not qualify for a waiver may be an appropriate advocacy effort for the Governor’s Council.
- xi. Denise asked if the ISW was intended to be a transition to the IDD waiver or to be a standalone service package.
  - a. Maureen Harwood said that she does not see the ISW as a transitional waiver, rather as a supports waiver that will not only support individuals coming from grant-funded services but others as well.
- xii. Travis Noah asked whether there was a group outside of State employees who could help individuals with completing ISW LOC packages and navigating the LTSS system. He said that volunteers should be considered to play that role.
  - a. Margaret Evans suggested University students who need volunteer hours as part of their degree to play this role.
  - b. Duane Mayes said that he would talk to individuals at the University to see if there is a requirement for volunteering in the curriculum of nursing or social work students.
  - c. Deb Etheridge said that a workable solution may be that the volunteers are not working for the State, but another agency.
  - d. Ken Helander said that he has experience with enrolling volunteers at non-profits, and Ric Nelson said that Peer-Power may also be able to help in this area.
- xiii. Ric Nelson said that informing people about Medicaid application and service options should be an important initiative for SDS to undertake.
  - a. Deb Etheridge said that as part of Medicaid Administrative Claiming, the ADRCs and STARS are able to be reimbursed for information and outreach for Medicaid services.

## May ICC-P Meeting Minutes

- b. Ken Helander said the outreach has to be constant and ongoing because people are only ready to receive information when they need it. He added that many individuals are not eligible for Medicaid when they need this information, so the focus should not be exclusive to Medicaid resources.
  1. Deb Etheridge said that a portion of the focus of ADRC training will be around non-Medicaid resources.
  2. Ken said that he thinks the ADRCs are doing a good job and that there needs to be more outreach to inform people about the ADRCs.
- c. Steve Lutzky said that the vision for ADRCs is being able to serve all individuals, including those who are not eligible for Medicaid, and that Administrative Claiming will help provide the funding to do so. Steve added that the ADRC sites have been building capacity to look beyond Medicaid and utilize and understand other community resources. He said that an important component of this capacity building will include utilizing volunteers, family to family centers, and other resources.
  1. Denise Daniello said that this model is being used by SHIP, and it could be adjusted to apply to the ADRC.

### **III. Updates on CFC**

1. Deb Etheridge used Slide 6 to provide an overview of CFC.
  - i. Deb emphasized that making changes to CFC will require planning for the changes 1-2 years in advance of implementation.
  - ii. Deb said that the State Plan Amendment for CFC has been approved by CMS and is ready to be implemented, however SDS is waiting for regulations to become final.
  - iii. Deb said that the regulation package was very large, and it included moving HCBS waiver services of PCS and personal emergency response systems (PERs) into CFC.
  - iv. Deb said that individuals will not lose services if there is a delay in implementing CFC, there just will be a loss on the enhanced matching funding for the State.
  - v. Deb explained that CFC is a part of the State Plan service package rather than a waiver, which means it is an entitlement.
    - a. Deb Etheridge said that letters have been sent to all individuals receiving PCS and/or PERs who are on an HCBS waiver. This group was selected because PCS and PERs will only be available under CFC and the individuals have already been determined eligible for CFC because they have meet institutional LOC.
    - b. Deb explained that individuals on waivers receiving services under CFC will be automatically enrolled in CFC and can opt out.

## May ICC-P Meeting Minutes

- c. Margaret Evans said that there has been mixed messaging from Care Coordinators and agencies about CFC. She said some participants are worried that they may lose services if they enroll in CFC rather than another waiver.
- d. Deb Etheridge acknowledged that there has been some miscommunication because SDS did not properly train the Care Coordinators. She said she hoped that people would opt into CFC because they can enroll in CFC and a waiver and CFC offers some service enhancements.
- e. Deb said that the goal is to go live with CFC on July 1 and have a mass enrollment of participants in CFC, however SDS needs to have the approved regulations in place for this to occur.
- vi. Kara Thrasher-Livingston said that the current plan for training on skill building is to teach staff to conduct a task analysis/risk assessment so that there is a plan for safety and training is developed specifically for the participant. Staff will be trained using adult learning practices.
  - a. Kara said that the training will also be utilizing error-free learning, which provides an opportunity for participants to make mistakes through practice to improve their skills. This will discourage staff from taking over tasks for participants.
  - b. Kara said that there will also be education on setup, modeling, awareness of accessibility and accommodations, chaining (step by step training), prompting, and fading out supports.
  - c. Kara said that these will be fairly new topics for staff, and this will likely be an evolutionary process as additional topics for training are identified.
  - d. Kara said that she has also developed a training curriculum on managing staff.
    - 1. The ICC-P members said that they would like to review the curriculum, and Deb Etheridge asked Kara to share the curriculum.
  - e. Margaret Evans said that the training curriculum should also address identifying the participant's preferences and guidance for conducting the training with staff.
- vii. Deb Etheridge said that as part of the current provider Conditions of Participation (COPs), all PCS providers will be required to receive skills building training, even if the training is not part of the participant's Support Plan. Deb asked the group whether this should be changed so that only those PCS providers who are providing skills building training would go through this training.

## May ICC-P Meeting Minutes

- a. Ric Nelson said that because skills building training can only occur once in the participant's lifetime, it would make sense to only require that the staff receive training when they are providing the training to participant. He gave the example of a participant who wants to use the training five years into the plan who does not have the same PCA as the staff who received the initial training.
  - b. Travis Noah suggested that a piece of the skill building training could be on using assistive devices.
- viii. Ken Helander asked how the new law around supported decision agreements could be incorporated into this overall process.
  - a. Deb Etheridge suggested that Kara Thrasher-Livingston look at the supported decision making bill to see how it could be incorporated into the broader training effort.
- ix. Duane Mayes said that he has been having extensive discussions around enabling technology, and SDS is now pursuing funding opportunities to be able to demonstrate that technology is able to result in reductions in costs because it reduces the need for human intervention.
- x. Duane said another major SDS initiative is integrating the ISW and CFC efforts into the ongoing operations of SDS.
- xi. Duane added that an SDS team and Senators Micciche and Spohnholz will be meeting with Washington state next week to better understand the potential for the T-CARE family caregiver model and the limited supports model that Washington undertook through an 1115 waiver.
  - a. Deb Etheridge said that this would likely require legislative authority to allow a comparable caregiver model to occur in Alaska.
- xii. Duane Mayes said that there has been a bill proposed at the federal level to delay the unfunded implementation of electronic visit verification (EVV) to ensure that the State has adequate time to consider how to implement EVV in the most effective way for Alaska.
- xiii. Duane said that transition services are another major priority for SDS and this will be a major effort for the SDS policy team. He added that APDD has provided support with this effort.
- xiv. Duane said that SDS has been flat funded for a long time, and this is an issue because the Department is understaffed to manage all of the efforts.
- xv. Deb Etheridge said that SDS would like to examine how enabling technology, homemaker/chore, companion services, transition services, and other specialized medical equipment can be offered through CFC.
- xvi. Duane added that CFC could be a vehicle for developing and enhancing companion services in the State by using the soft cap on day habilitation

## May ICC-P Meeting Minutes

- xvii. Deb Etheridge clarified that the current services offered through CFC are CFC-PCS, PERS, training on managing staff, and skills building training. SDS began with a limited array of services because while SDS receives an increased federal match for services, offering services under CFC will allow it to become an entitlement and may expand the number of individuals receiving the services and therefore the service costs.
- a. Deb asked the group for priorities around additional CFC services:
    1. Ric Nelson said that companion services should be the first priority, followed by technology and specialized medical equipment (SME).
    2. Ric asked whether an individual would be required to need and use all services offered under CFC to enroll in CFC.
      - i. Deb said that participants would be able to select the services they would like to receive and are not required to enroll in services they do not want.
    3. Duane Mayes added that companion services were a top priority from the ICC-OS stakeholder group as well.
    4. Travis Noah said that there should be an alternative form of employment supports. He said that he does not need guidance at a job but needs support to complete some tasks. However, supported employment does not offer the different level of supported employment that may be better met by PCA.
      - i. Rodney George said that the new PCA regulations allow for PCA to be utilized outside of the home, including job sites, without requiring the participant to receive supported employment.
    5. Ken Helander encouraged SDS to rollout services in a way that allows services to build on each other. He gave the example of enabling technology allowing participants to learn to complete tasks more independently so subsequent CFC services may not need to be prioritized.
    6. Margaret Evans emphasized that the priority list of services to include under CFC should not be firm; new services should rollout as they make sense within the State.
    7. Margaret added that if technology is incorporated into CFC or other waivers, participants need to have coverage for maintenance and repairs in addition to one-time purchase costs.

## May ICC-P Meeting Minutes

### **IV. Having the ICC Spread the Word**

1. Duane Mayes said that the ICC is an opportunity for transparency, however ICC membership does not cover all agencies and organizations. He encouraged the ICC members to go back to their organizations and councils to communicate the information that was shared because SDS cannot share all of this information with all individuals.
2. Deb Etheridge said that the ICC-OS mentioned that there are social media pages with many members in the LTSS world that could provide information directly to individuals receiving services. She said that if ICC-P members would like to share information from the meetings on social media, SDS would be happy to review the messages to ensure that they are accurate.
3. Ric Nelson said that he had an idea for getting the message out to self-advocates that he would like to discuss after the meeting. Duane Mayes and Kara Thrasher-Livingstone said that they would be open to this.
4. Ken Helander suggested utilizing Facebook Live interviews to allow community members to ask questions in a live setting.

### **V. Wrap-up and Next Steps**

1. During the next meeting, Deb Etheridge said that there would be the opportunity to discuss interRAI and the assessment process.